This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 66/930

Total Fee Calculation

	Fra Cada	Total # Claims	Number Extra X	For	Fre - Total
•	Sm., Lg.			Sin. Endick	Lg Entity
gr Busic Filing Fre	201/1011	1 ¬		· ·	<u> </u>
Tirat Claims >20	203/103		- 12 ×	<u> </u>	2/6
Independent Claums >1	<u> 202/812</u> (<u> </u>	• <u> </u>	<u></u>	•
Multi Dep Claim Present	204/104				, , , , , ,
Surchaige	200/100				<u> </u>
English Translation	13.0	•			
TOTAL FEE CALCUL	<u>ATION</u>				103%
Fees due upon filing	the application	. .			
Total Filing Fees Du	:=	1036	·····	, .	•
Less Filling Fees Sub	mined - S _	Ó			
BALANCE DUE	= \$ _	103	6		
Office of Initial Pater	nt Examination	1			